



National Alliance on Mental Illness

# Greater Des Moines

This newsletter is not intended to be read in one sitting.  
Take your time. This is not "quick" reading.

## March 2018

511 E. 6<sup>th</sup> St., Suite B, DM 50309

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Mental Health Education, Support and Advocacy  
Serving Polk, Dallas, Warren, and Madison counties

### *Mission Statement:*

*Empowering individuals, families and community by  
providing hope and education about brain disorders.*

#### In this issue –

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## #ACT4 MENTAL HEALTH

### Help Our Membership Grow!!

You can join NAMI at the local,  
state and national level in three  
different ways:

1. Join on-line by reaching the  
NAMI Greater Des Moines

website [www.namigdm.org](http://www.namigdm.org). Click on the blue "donate" box  
and enter your payment information.

OR

2. Join on-line by reaching the National NAMI website at  
[www.nami.org/JOIN](http://www.nami.org/JOIN) and complete the payment information.

OR

3. Please make your check payable to NAMI Greater Des  
Moines. Household membership \$60  
Regular Membership \$40  
Open Door Membership \$5

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Do you want to receive our monthly newsletter by  
mail or email? If paying by check, please mail to NAMI  
Greater Des Moines, 511 E. 6<sup>th</sup> St., Suite B, DM, IA 50309

[www.namigdm.org](http://www.namigdm.org) (515) 277-0672 [namigdm@gmail.com](mailto:namigdm@gmail.com)

*Find Help. Find Hope.*



**Gallery  
Night  
In  
Valley  
Junction**  
*West Des  
Moines*

**Friday, April 13  
5-9 PM**

Artisan Gallery 218 will host a NAMI GDM benefit evening with  
portrait selections from Kline-Misol's Awakenings Project which  
shines a positive light on the recovery of those among us who  
have struggled with brain and addiction disorders.

Organizations such as NAMI play a critical role in stepping up to  
offer educational programs for the public which have shown to  
actually help family members and consumers manage the illness  
much better and reduce episodes.

The catalog which features 30 portraits and stories will be  
available that evening for a donation of \$25.00 which will benefit  
NAMI GDM. "Selections from the Awakening Project 2011"

*In addition, we will have copies for sale of Nathan Nash's new  
book on parental advocacy entitled "Looking into the Eyes of a  
Wayward Riddle". Purchasers will be able to visit with Nathan and  
have him sign the book. A portion of the proceeds will also benefit  
NAMI Greater Des Moines.*

*This book is the story of a single father and the enormous  
challenges endured while raising his mentally ill, adopted  
son. The content tells the story of this adoption and how  
behaviors exceeded the communities' abilities, effectively  
rendering the family torn apart. The narrative also discusses the  
navigation of the insurance and school system to advocate for a  
special needs child. The intent of this shared story is to help  
foster ideas with other struggling families so they may find peace  
again within their own families and their children will also find the  
help they so desperately want.*





## 4.2% of Iowa's population has severe mental illness or approximately 132,300 people (3.15 million (2017) X .042)

### Acute Care Psychiatric Hospital Beds Available in the Des Moines Area

Location	Adult	Geriatric	Children & Adolescent	Total Beds
Mercy Hospital downtown	18		16	34
Iowa Lutheran	40	12	16	68
Broadlawns	44			44
Des Moines VA	10			10
<b>Total</b>				<b>156</b>

The number of acute care beds statewide.

Mental Health Institutes (MHI)	Total # of beds	# adult beds	# child & adolescent beds
Independence	60	40	20
Cherokee MHI	36	24	12
Clarinda MHI closed by Governor in 2015 Mt. Pleasant MHI closed by Governor in 2015 Independence PMIC (children's) beds closed by Governor 2016 <b>Both remaining MHI's have a waiting list for persons waiting for treatment</b>			
<b>Total MHI beds</b>	<b>96</b>	64	32
<b>Staffed Hospital Beds Statewide</b>	<b>654</b>	455	113
<b>Total Staffed Beds</b>	<b>750</b>	519	145
<b>Total Licensed Beds</b>	<b>802</b>		

See [Psychiatric Bed Supply Need Per Capita](#).

Iowa beds needed  $31 \times 50 = 1550$  (50 beds per 100,000 population)  
Iowa sits at 24 beds per 100,000.

654 hospital beds + 96 Mental Health Institute beds  
= 750 total hospital and MHI acute care beds

**Add 10 VA beds = 760 total acute care beds in Iowa**

Add 86 crisis residential beds developed by the 14 regions  
Add 72 bed new psychiatric hospital approved via Cert. of Need for southeast Iowa in July 2017

Add 12 beds proposed to be built in Mason City.

**Equals a proposed new total of 930.**

Beds needed in Iowa  $31 \times 50 = 1550$  minus 930 = 620 needed

**Legislative Branch** [www.legis.iowa.gov](http://www.legis.iowa.gov)

Iowa Senate: (515) 281-3371

Iowa House: (515) 281-3221

**Executive Branch** [www.governor.iowa.gov](http://www.governor.iowa.gov) (515) 281-5211

**MHDS Website** <http://dhs.iowa.gov/>

**Iowa Medicaid** <http://dhs.iowa.gov/ime/about>

Check out [www.infonetiowa.org/](http://www.infonetiowa.org/) for legislative information.  
They have excellent newsletters and a bill tracking system.

Regions are serving 26,478 unduplicated Individuals in FY 2016.  
14 regions serving 22,684 with mental illness, 3432 with intellectual disabilities, 783 with other developmental disabilities and 79 with brain injury.

### Core Plus Services Being Built in the Regions

	As of 9-1-17
<b>Jail Diversion</b> (# of counties)	<b>81</b>
<b>Mobile Crisis Response</b> (# of counties)	<b>26</b>
<b>Residential Crisis Beds</b>	<b>86</b>
<b>24 hour crisis line</b>	<b>11</b>

### Circle of Care: A Guidebook for Mental Health

Caregivers – go to [www.namigdm.org](http://www.namigdm.org)

Click on "Get Help",

Click on Guidebook for MH Caregivers

### Iowa is:

**50<sup>th</sup> in the nation for # of mental health institute beds**

**46<sup>th</sup> in the nation for mental health workforce availability**

**47<sup>th</sup> in the nation for # of psychiatrists**

**46<sup>th</sup> in the nation for # of psychologists**

Some of the bed numbers in the corrections system located on MHI or former MHI campuses

The entire Clarinda MHI campus is now controlled by Dept. of Corrections – they have a 795 bed prison and a 147 bed minimum security unit.

100 bed Civil Commitment Unit for Sexual Offenders at Cherokee MHI

The entire Mt. Pleasant MHI campus is now controlled by the Dept. of Corrections – they have a 914 bed prison at the Mt. Pleasant MHI.

### Starting the Conversation: College and Your Mental Health

Go to [www.namigdm.org](http://www.namigdm.org)

Click on Resources, click on School Resources

**Contact the Governor and your legislators** to let them know we need a satisfactory mental health system outside/separate from the corrections system

In 1955 – we had 4 mental health institutes and 5300 beds

**In 2017 – we have 2 mental health institutes and 96 beds**

In 1955 – we had 3 prisons with around 2200 inmates

**In 2017 – we have 9 prisons with around 8300 inmates, and over 30,000 in community corrections**

**A direct result of a historical lack of access to care.**

### Other beds available

8 residential care facilities (RCF) for persons w/MI – 135 beds

3 intermediate care facilities (ICF) for persons w/MI – 109 beds

10 Psychiatric Medical Institutions (PMI) for children with severe emotional disorder (SED) – 430 Medicaid beds with 45 of the beds designated for substance abuse treatment

**8% of our population has Substance Abuse Disorder or around 248,000 people**

23 of 120 substance abuse providers programs contract with Iowa Dept. of Public Health. There are 425 treatment beds.

**Co-occurring Services** – there are **292** adult residential treatment beds identified as dual substance abuse treatment beds. For individuals up to age 21, there are 2 PMICs (Psychiatric Medical Institutions for Children) in western Iowa with a combined capacity of **56** beds.

## Home and Community Based Waivers (HCBS)

Clients receive services in their home rather than an institution.

<http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers>

Home and Community Based Waivers	Approved Jan 2018	In Process	# on waiting list	2016 Ave. cost per person
Aids/HIV	36	6	0	\$11,845
Brain Injury	1430	146	1147	\$26,537
Children's Mental Health	906	281	1363	\$12,049
Elderly	7920	2520	0	\$8767
Intellectual Disability	11,894	842	2958	\$41,890
Health and Disability	2210	476	3036	\$12,458
Physical Disability	921	447	1453	\$6322
<b>Total</b>	<b>25,317</b>	<b>4718</b>	<b>9957</b>	
<b>Definitions</b>				
Approved in ISIS	Slots approved (enrolled) in ISIS			
In Process	Slot released but no approved plan in ISIS; slot released and held open for administrative purposes.			
Waiting list	Number waiting for an available slot.			

Also at the website location:

Consumer Choices Option (CCO)

Consumer Directed Attendant Care Services (CDAC)

Program Comparison Charts

Waiting List Information

And much more. . . . .

## # of people threatened by Medicaid cuts and no solution in the Insurance Exchange (Adults only)

Medicaid population	Iowa Health & Wellness	Iowa Insurance Exchange
Up to 100% of the Federal Poverty Level or Medically exempt because of disability	100 to 138% of the Federal Poverty Level	138 to 400% of the Federal Poverty Level
<ul style="list-style-type: none"> <li>• 116,191 Up to 100% of FPL</li> <li>• 2,986 Medically Exempt up to 100% of FPL</li> <li>• <b>119,177-Total</b></li> </ul>	<ul style="list-style-type: none"> <li>• 37,082 - 100 to 138% of FPL</li> <li>• 2,263 Medically Exempt 100 to 138% of FPL</li> <li>• <b>39,345 - Total</b></li> </ul>	72,000 people*

The Medicaid and Iowa Health & Wellness numbers were verified by DHS. The Insurance Exchange number was from a recent DM Register article.

In January 2018, Insurance Commissioner Ommen presented to the House Commerce Committee how Iowans receive their health insurance coverage. According to 2015 data, with Iowa's population at 3,046,355,

- just over half of all Iowans (53% of 1.6 million) receive health insurance through an employer.
- 17% (517,880 Iowans) receive Medicaid;
- 15% (456,953) receive Medicare.
- About 8% (243,708) have non-employer-based coverage and
- 5% (152,318 Iowans) **do not have** any health insurance at all.

Right, wrong or indifferent, the government is paying for the health care of more than one third of our state's citizens.

## Polk County Community Resource Guide

go to Visiting Nurse Service of Iowa website

<https://www.vnsia.org/resources/community-resource-directory/default.aspx>

## Dallas County Community Resource Guide

go to Generation Wellness Coalition – Dallas County website

[http://media.wix.com/ugd/5080fb\\_21ca1d4434314d0fa5726e40ae45cde0.pdf](http://media.wix.com/ugd/5080fb_21ca1d4434314d0fa5726e40ae45cde0.pdf)

## Community Resources

### Polk County Mental Health Services

Polk County River Place – 2309 Euclid Avenue, DM – 243-4545

[www.pchsia.org](http://www.pchsia.org)

### Central Iowa Community Services

1007 S. Jefferson, Indianola, IA 50125

515-961-1068 email: [mentalhealth@warrencountyia.org](mailto:mentalhealth@warrencountyia.org)

[http://www.warrencountyia.org/mental\\_health.shtml](http://www.warrencountyia.org/mental_health.shtml)

### Dallas County Mental Health Services

25747 N Avenue, Suite D, Adel, IA 50003 515-993-5869

Toll free: 877-286-3227 E-mail: [dccs@dallascountyiaowa.gov](mailto:dccs@dallascountyiaowa.gov)

<http://www.co.dallas.ia.us/departments-services/community-services>

### Madison County Mental Health Services

209 East Madison, Winterset, IA 50273 515-462-2931

<http://www.madisoncoia.us/OFFICES/comservices/index.htm>

### Polk County Community Mental Health Centers

Child Guidance Center – 808 5<sup>th</sup> Ave – 244-2267

Eyerly Ball Community MH Center 1301 Center St. – 243-5181

**Broadlawns Medical Center-** 1801 Hickman Road – 282-6770

**New Connections Co-Occurring Outpatient Services** – 282-6610

Eyerly Ball Golden Circle – 945 19<sup>th</sup> St – 241-0982

### Dallas County Mental Health Services

Genesis Mental Health Services, 2111 Greene St., Adel

Main office is at 610 10th St. in Perry 50220. Ph [515-465-7541](tel:515-465-7541).

Fax [515-465-7636](tel:515-465-7636). Adel area patients should call the Perry number to be scheduled. We have an ARNP and therapists in Adel, and a

psychiatrist--Dr. Fialkov--who comes to Perry.

### Madison County Mental Health Center

Crossroads Behavioral Health Services

102 West Summit Street – 515-462-3105

### Primary Health Care & Behavioral Health

Engelbrechtsen Clinic, 2353 SE 14<sup>th</sup> St. – 248-1400

The Outreach Project, 1200 University, Suite 105 – 248-1500

East Side Center, 3509 East 29<sup>th</sup> St. – 248-1600

Primary Health Care Pharmacy, 1200 Univ., Suite 103 262-0854

**Iowa Lutheran Hospital** – psychiatric acute care units & outpatient services-700 E. University, Des Moines

**Emergency Services:** 515-263-5120

**Adult services:** 515-263-5249 **Children's services:** 515-263-5153

**Adolescent services** 515-263-2368

**Powell Chemical Dependency Center** 515-263-2424

<https://www.universitypoint.org/desmoines/services.aspx>

choose "behavioral and mental health"

**Mercy Medical Center (Hospital)** – psychiatric acute care for children, adolescents and adults

1111 6<sup>th</sup> Avenue, Des Moines

**Mercy Help Center** 515-271-6111 or toll free 800-595-4959

**Mercy First Step** (co-occurring disorder treatment)

**Clubhouse** Passageway, 6000 Grand Avenue, Suite G

Des Moines 515-243-6929

### Des Moines Pastoral Counseling Center

8553 Urbandale Avenue, Urbandale 515-274-4006

Accepts all insurances, sliding scale for fees

On-site psychiatrist, PA and counseling staff

**Free Mental Health Counseling in Spanish and English**

At the Library at Grace United Methodist Church

Wednesdays – 2 to 6 PM

For an Appointment: Por favor contacta a Alicia Krpan, at 515-

274-4006 ext. 143 – or –

Contact Nathan Delange, LISW., at 515-577-0190

[www.namigdm.org](http://www.namigdm.org) (515) 277-0672 [namigdm@gmail.com](mailto:namigdm@gmail.com)

*Find Help. Find Hope.*





## Tell Me Where to Turn

### SUPPORT GROUPS for Family Members

#### Eating Disorders - Coffee Connection for Parents

The Coffee Connection is open to parent(s) who have a child of any age struggling with an eating disorder and would like to connect in a supportive effort with other parents. We will meet the **2nd Sunday** of the month from 4:00-5:30 pm at the Cafe Diem, 2005 S. Ankeny Blvd., Ankeny, IA. Check under Events Calendar for specific dates. Direct your questions to [edci@edciowa.org](mailto:edci@edciowa.org)

#### Mothers on the Front Line

<https://mothersonthefrontline.com/> - a blog, advocacy tutorials and Children's Mental Health -videos to help mothers navigate life with a special needs child.

#### Des Moines – 3<sup>rd</sup> Sunday of the



**Family Support Group**

**month** – Family members, if you are interested in participating in a

NAMI family support group, please contact Susie & Richard McCauley 274-5095 or [mccauleyf@mchsi.com](mailto:mccauleyf@mchsi.com) Meetings are at Eyerly-Ball Community Mental Health Center-1301 Center 2:30-4 PM

**4<sup>th</sup> Monday of each month – 5:30 – 7 PM** – a support group for Polk County **parents and caregivers** of children and adolescents with severe emotional disturbance (SED) or mental illness – a **sibling** support group meets separately - at Capitol Hill Lutheran Church, 511 Des Moines St., in the basement – child care provided, can also provide free transportation and interpretation services – pre-register, if possible – call Angie at 558-9998.



**Family Support Group**

**Ankeny – 1<sup>st</sup> Tuesday of each month** – Family members if you are interested in participating in a

NAMI family support group, please contact Nora Breniman at 964-1593 or Regina Murphy at 777-0191, Group meets at Ankeny First United Methodist Church, 206 SW Walnut, Ankeny, RM 310/314 at 7-8:30 PM



**Family Support Group**

**2<sup>nd</sup> Thursday of each month – 6:30 P.M.** – a support group for **Family members** – Lutheran

Church of Hope, 925 Jordan Creek Parkway, West Des Moines–in Room 102. Supper (free will offering) is available at 5:30 prior to the support group. Grace and Russ are facilitators 515-205-9765



**Family Support Group**

This is your invitation to join the **Online Support Group** for **Parents of minor**

**children** with mental health needs: It is a Closed Facebook Group: "NAMI IOWA's Casserole Club" or NICC (as in the nick of time!) For more information, contact Rachel Peterson @ 254-0417 [Rachel@namiowa.org](mailto:Rachel@namiowa.org)

**Warning:** Regular or heavy alcohol use can worsen most psychological states, such as anxiety, depression, bipolar, schizophrenia, or eating problems. Alcohol can change the way a person feels in the short run; however, the overall effect only worsens a disorder. Marijuana and other drugs can have similar or more serious effects on the brain.

#### 1<sup>st</sup> and 3<sup>rd</sup> Tuesdays of each month –Voices to be Heard

Support group – Wesley United Methodist Church –800 E. 12th - Light meal at 5:30 P.M. Support group for adults and program for children from 6 PM to 7PM. –If you have a loved one in prison or **parole system** you are concerned about or if you are concerned about those in prison, please feel free to join us. If you have questions, please contact Melissa at [melissag@chihousing.com](mailto:melissag@chihousing.com)

### TACA chapter in Des Moines area

TACA (*Talk About Curing Autism*) is a national non-profit organization whose mission is to educate, empower and support families affected by autism. Please contact Susan [susan.straka@tacanow.org](mailto:susan.straka@tacanow.org) or visit <http://www.tacanow.org>

#### Coping After a Suicide Support Groups for Adults and Adolescents

<https://afsp.org/chapter/afsp-iowa/>  
<https://afsp.org/find-support/live-lost-someone/>  
click on "find a support group"

<http://www.suicide.org/support-groups/iowa-suicide-support-groups.html>

documentary films on suicide loss can be found at:  
<https://afsp.org/find-support/live-lost-someone/survivor-day/survivor-day-documentaries/>

In addition to these groups, other help may be available depending on your community and may include: [Compassionate Friends](#) (13 groups in Iowa; Funeral Homes, Faith Organizations Employee Assistance Programs; Guidance Counselors; Hospice; and [Amanda the Panda](#).

**Crisis Text Line** <http://www.crisistextline.org/>



#### Suicide Prevention Lifeline

**1-800-273-8255**

For every person that dies by suicide, more than 250 think seriously about it but do not die. It is possible to prevent suicide and save lives by connecting at-risk individuals to support in their area. If you are thinking of hurting yourself, tell someone who can help. If you cannot talk to your parents, your spouse, a sibling -

find someone else: another relative, a friend, or someone at a health clinic. Or, call the National Suicide Prevention Lifeline at (800) 273-TALK (8255) - <http://ok2talk.org/>

#### Veteran Suicide Prevention Lifeline

**1-800-273-8255 – press 1 Text to: 838255**

**Veteran Toolkit to Prevent Suicide** can be downloaded from:

<https://www.va.gov/nace/docs/myVAoutreachToolkitPreventingVeteranSuicidesEveryonesBusiness.pdf>

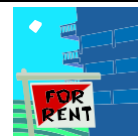
#### Support Groups for Families of Veterans –

"Peaceful Homefront" @ Dallas County Hospital in Perry, on 1<sup>st</sup> and 3<sup>rd</sup> Thursdays – 6:30 to 8 PM. Groups available for adults and children ages 9 to 12. For more information, call Genesis toll free 877-465-7541

**Bullying, Suicide Hotline** – Available 24/7. Your Life Iowa is a phone call or text away at [www.yourlifeiowa.org](http://www.yourlifeiowa.org) or 855-581-8111. Trained counselors will provide guidance and support about bullying and critical help to youth.

<http://iowahousingsearch.org/>

A free resource to help you find a **rental home/apartment** that fits your needs and budget.



**Friends of Iowa Prisoners** has a meeting at Noon on the 3<sup>rd</sup> Tuesday of the month at Wesley United Methodist Church, 800 12<sup>th</sup> St., Des Moines.

[www.namigdm.org](http://www.namigdm.org) (515) 277-0672 [namigdm@gmail.com](mailto:namigdm@gmail.com)

*Find Help. Find Hope.*



## Tell Me Where to Turn

### SUPPORT GROUPS for Persons with Mental Illness

**2<sup>nd</sup> & 4<sup>th</sup> Mondays of each month** – 7 P.M. – depression, anxiety and bipolar support group, Heartland Presbyterian Church, 14300 Hickman, Clive. [candlesinthedarknesssg@gmail.com](mailto:candlesinthedarknesssg@gmail.com) Julie 710-1487



**Every Tuesday afternoon 2-3:30 P.M.** – NAMI GDM office, 511 E. 6<sup>th</sup> St. For more information, contact Matthea Little Smith 515.783.2763- [matthea.little.smith@gmail.com](mailto:matthea.little.smith@gmail.com)

**Every Tuesday evening** – 8-10 P.M. - Recovery Inc., a self-help group for people who have nervous and mental troubles – at St. Mark's Episcopal Church, 3120 E. 24<sup>th</sup> St., Des Moines – Call 266-2346 – Marty Hulsebus.

**Tuesday evenings 5:30-7:00** Dual Diagnosis support group at Eyerly Ball Mental Health Services – call 243-5181 for more info. Requires an assessment and has a cost.

**Tuesday evenings 7:30 PM** - 4211 Grand – Friends House – in the Meeting House – **Meditation and Mindfulness Group** – sponsored by Crossroads of Iowa

**Every Thursday evening 6:30-7:30 PM** – 4211 Grand – Friends House – in the Conference Room – H30 - a support group with a focus on opiate, heroin and prescription pill addiction for **Women** – sponsored by Crossroads of Iowa 633-7968 – please pre-register

**Every Thursday evening – 7:45 – 9:45 P.M.** – Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at St. Timothy's Episcopal Church, 1020 24<sup>th</sup> St., in West Des Moines. Call – 277-6071-Deb Rogers.

**Every Saturday afternoon** – 2:00 – 3:30 P.M. – the Depression and Bipolar Support Alliance meets-Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. Contact [Debbie@wally3610@yahoo.com](mailto:Debbie@wally3610@yahoo.com)

For persons suffering from **postpartum depression** – a support group entitled “Amazing Girls Accepting Peace Everyday (AGAPE)”. Information can be found at Meetup.com – enter AGAPE. You need to request to be a part of the group – contact Tricia at [jrivas76@hotmail.com](mailto:jrivas76@hotmail.com)

An **Epilepsy Support group** – the Epilepsy Empowerment Group held 4<sup>th</sup> Thursday of each month- 6 PM -Mercy Medical Center, East Tower, Room 3, 1111 6<sup>th</sup> Avenue, Des Moines. For more info, contact Roxanne Cogil 515-238-7660 or [efiowa@efncil.org](mailto:efiowa@efncil.org)

**Every Saturday evening-“The Road”**-Christian Life Center, 710 NE 36<sup>th</sup> street in Ankeny (easy access from the new exit off I-35) – the schedule: 6 PM Pizza supper with free will offering, 7:15 PM Worship, 8 PM recovery groups. Child care available for infants and toddlers. For further questions, call 515-777-8333 to speak to a team member. Facebook page: TheRoad@AFUMC

#### Videos and Infographics?

Grinnell College students have created both and they are available for anyone to use in your advocacy for a better adult mental health care system and the implementation of a children's mental health care system in Iowa.

Go to <https://mhpo.sites.grinnell/>



Community Support Advocates  
6000 Aurora, DM 50322

We offer **FREE** art services for artists impacted by disability, brain injury, or living with a mental health issue. This includes free workshops, mentoring, and open studio hours where artists can come in and use our supplies. Contact Shannon @ 515-681-4099 or [shannonk@teamcsa.org](mailto:shannonk@teamcsa.org)

[www.namigdm.org](http://www.namigdm.org) (515) 277-0672 [namigdm@gmail.com](mailto:namigdm@gmail.com)

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### Support Groups for Mothers Pre-Partum or Post-Partum

**IOWA STATE COORDINATOR for Postpartum Support International - Karin Beschen, LMHC**, Polk County  
Telephone: 515-222-1999 Email: [kb@iowacounseling.com](mailto:kb@iowacounseling.com)

**Pine Rest Des Moines Clinic Postpartum Adjustment Group**  
Time: 6pm – 7pm every Tuesday - DM Support group  
Facilitator: Jill Thomas, licensed therapist and certified in treating perinatal mood disorders.  
Telephone: For registration or questions, call 515-331-0303  
Babies in arms are welcome to come!

**Postpartum Support Group – Bellies, Babies and Beyond**  
This group is held on the third Friday of the month 10 to 11:30 am at Balance Chiropractic & Wellness at 6611 University Avenue Suite 103, Windsor Heights, Iowa.  
Every month we invite you to come to this safe place with questions, concerns or just to meet other moms just like you.

#### Excellent Magazines to Subscribe to:

**Esperanza** <http://www.hopetocope.com/> for articles on Anxiety and Depression  
**BP** magazine <http://www.bphope.com/> for articles on Bipolar  
**SZ** magazine is not available in a hard copy magazine but can be found on their website  
<http://mentalwellnesstoday.com/sz-magazine/> by subscription

### Crisis Services in Polk County

**The Mental Health Mobile Crisis Team** provides community-based assessments of individuals in crisis. The team is staffed with behavioral health specialists including registered nurses, Master's level psychotherapists and social workers. The team is activated when a law enforcement officer responding to an emergency call requests the presence of the Crisis Mobile Team. An evaluation, including a determination about the appropriate level of care needed, is completed in the field by a member of the team. The team member completing the evaluation will then make recommendations for appropriate interventions based upon the current needs of the individual in crisis. They will also provide information, education, and potential linkage to community resources.

#### Mobile Crisis Response Team

Emergency Calls: 911  
Non-Emergency Calls: **515-283-4811**



**If you have a mental health crisis in your family and are in need of emergency assistance – call 911.**

Be clear with the dispatcher what the situation is, that it is a mental health crisis, and you need the Polk County Mobile Crisis Response Team to assist. The goal is to keep everyone safe and

to seek the appropriate level of assistance for the ill family member or friend.

The Mobile Crisis Response Team provides short term on-site crisis assessment and intervention for children, youth and adults experiencing a mental health crisis.

The non-emergency phone number for the mobile crisis team is **515-283-4811**. The police liaison to the Mobile Crisis Team is Officer Lorna Garcia. Her hours are 8 to 4 Mon-Fri phone is 205-3821.

If the crisis situation is in Polk County - in response to your



phone call, the first people to arrive to the situation will be police officers. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if the Mobile Crisis Team is needed. Mobile Crisis only takes referrals from law enforcement.

**The Crisis Observation Center** is intended to meet the needs of individuals who are experiencing an acute behavioral health stressor that impairs the individual's capacity to cope with his/her normal activities of daily living. The goal of the Crisis Observation Center is to offer a place for individuals to seek crisis intervention services and stabilize them quickly so they can return to the community. The length of stay is up to 23 hours. Services offered include a nursing assessment, care/service coordination, crisis intervention therapy, and access to a psychiatric prescriber if needed. Staff include registered nurses, Master's level psychotherapists, psychiatric technicians, and care/service. These services are offered in a safe and supportive environment. **Crisis Observation Center** – open 24/7  
Broadlawns Hospital, West entrance, 1801 Hickman, Des Moines  
Phone: 515-282-5742

**Crisis stabilization residential services** are intended for individuals who are experiencing a period of acute stress that impairs the individual's capacity to cope with normal life circumstances. Crisis stabilization pro-gram will provide an array of services aimed at assisting individuals with persistent mental health illness in becoming & remaining stable in the community.

The services offered will provide a safe, structured and supportive environment to stabilize the presenting crisis. Stabilization will be met through individualized goal oriented treatment, individual therapy, group therapy, transportation to medical and psychiatric appointments, and medication management in a 9 bed residential home. Staff will include a therapist, service coordinators, a registered nurse, certified medication aides and psych techs. Transitional housing up to 90 days can only be accessed through the Crisis Observation Center on a referral basis - 1212 E. McKinley Avenue, DM.

**The Pre-Petition Screener Service** is a resource for Polk County residents who want to file a petition for involuntary behavioral health services through the Clerk of Court. The screener is a mental health professional who is available to assist applicants and respondents before, during, and after the petition process. The role of the Pre-Petition Screener is to gather background information from both applicants and respondents, and help determine if another path toward treatment may be preferable. In the event that a judge denies a petition, the screener is available to discuss appropriate next steps and help make connections with available resources. The Pre-Petition Screener is available without an appointment Monday-Friday from 8:30am to 4:30pm. If you or some-one you know is in need of a psychiatric and/or substance abuse evaluation, please contact Jennifer Drew, LMSW by calling either 515-336-0599 (direct line) or 515-282-5742 (main office) or via email at [jdrew@broadlawns.org](mailto:jdrew@broadlawns.org). The County clerk of court and the pre-petition screener are located in the same building.

**Broadlawns Crisis Team** 515-282-5752 – mental health professionals on duty 24/7 for responding to mental health emergencies

**Broadlawns Community Access** 515-282-6770

#### Caremore Clinic – for Amerigroup clients

CareMore Clinic offers medical and behavioral health services for patients on Medicaid w/Amerigroup Insurance ages 14& up. CareMore cares about their patient's body, mind and spirit. The Clinic is located at 1530 East Euclid Avenue, Des Moines, Iowa 50313 (515) 989-6001.

## Crisis Services in Dallas County

**24/7 Crisis Line – 1-844-428-3878**

**Mobile Crisis Team - For a mental health crisis in need of emergency assistance call 911.** Tell the dispatcher that the situation is a mental health crisis and you need the Mobile Response Crisis Team to assist. In response to your phone call, the first people to arrive will be law enforcement officers. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if it is determined the Mobile Crisis Unit is needed. (Covers Dallas, Guthrie, Greene and Audubon)

**Hope Wellness Center**, 706 Cedar Street, Woodward, IA 50276  
Director – Karen Rosengreen 515-438-2331 – a safe place where individuals who may be experiencing a mental health crisis can voluntarily access crisis intervention services. Open 24 hours a day/7 days a week. Typical stay is less than a week.

**Hope Wellness Center Transitional Living Services** – provides short term (2-3 month) housing for an individual coming out of a placement or hospitalization who needs to redevelop skills needed to be successful in the community.

#### Joy Ride Transport

Joy Ride is a transportation service available in the greater Des Moines area and surrounding communities To make a reservation, call **515-331-1100** or **855-225-7433**  
[info@ridejoyride.com](mailto:info@ridejoyride.com) <http://ridejoyride.com/> **Office Hours:**  
Monday – Friday 8:00 AM – 5:00 PM They try to accommodate same-day requests for transportation. Weekend and holiday transportation is also available with advance notice.

#### Managed Care Organizations (MCO's)

If you have a question or a problem, call:	If problems remain unresolved, contact:
<b><u>Amerigroup Iowa, Inc.</u></b> 1-800-600-4441 <a href="http://www.myamerigroup.com/IA/">www.myamerigroup.com/IA/</a>	<b>Managed Care Ombudsman Program (866) 236-1430 or email <a href="mailto:ManagedCareOmbudsman@iowa.gov">ManagedCareOmbudsman@iowa.gov</a></b> Only for people on waivers – see the complaint form <a href="http://www.namigdm.org">www.namigdm.org</a> Click on "Get Help", click on "Health Insurance" scroll to bottom of page
<b><u>United Healthcare Plan of the River Valley, Inc.</u></b> 1-800- 464-9484 <a href="http://www.UHCCommunityPlan.com/ia/">www.UHCCommunityPlan.com/ia/</a>	<b>Office of Ombudsman</b> Toll-free 888-426-6283 <a href="http://www.legis.iowa.gov/Ombudsman/">http://www.legis.iowa.gov/Ombudsman/</a> For members who are <u>not</u> Long term Services and Supports (LTSS) or are non-Waiver cases – also take complaints from Medicaid providers
<b><u>Iowa Medicaid Member Services</u></b> 1-800-338-8366 (toll free) <a href="http://www.IAHealthLink.gov">www.IAHealthLink.gov</a>  <a href="mailto:IMEMemberServices@dhs.state.ia.us">IMEMemberServices@dhs.state.ia.us</a>	<b>For Iowa Medicaid Providers IME Provider Services</b> Phone: 1-800-338-7909 (toll free) <a href="mailto:IMEProviderServices@dhs.state.ia.us">IMEProviderServices@dhs.state.ia.us</a> Provider Managed Care Organization Contacts: <a href="https://dhs.iowa.gov/ime/providers/MCO-contact-info">https://dhs.iowa.gov/ime/providers/MCO-contact-info</a>
<b>If there are unsuccessful repeated attempts to resolve, contact Tony Leys at <a href="mailto:tleys@dmreg.com">tleys@dmreg.com</a> or send a letter to 400 Locust St., Suite 500, Des Moines, Ia. 50309</b>	
<b>Emergency Medical Transportation (NEMT)</b> Amerigroup Iowa Inc. Logisiticare 1-844-544-1389 UnitedHealthcare Plan.- MTM 1-888-513-1613	



## Why You'll Never Forget The Extraordinary Carrie Fisher

Princess Leia, author, performer, daughter, mother, champion for those affected by bipolar disorder. She is known for her irreverent and brash commentary on life through her novels, memoirs and one-woman shows. Here are excerpts from the witty pages of the life of Carrie Fisher you'll always remember:



### The Princess Diarist

Intimate memories of behind the scenes of the famous *Star Wars* movie set. "... I laughed and dropped the phone and ran out into the front yard and into the street. It was raining. It didn't rain in L.A. It was raining in L.A. and I was *Princess Leia*. I had never been Princess Leia before and now I would

be her forever. I would never not be Princess Leia. I had no idea how profoundly true that was and how longer forever was." (*Simon & Schuster, 2016*)

**Shockaholic** - "What you'll have of me after I journey to that great Death Star in the sky is an extremely accomplished daughter, a few books, and a picture of a stern-looking girl wearing some kind of metal bikini lounging on a giant drooling squid, behind a newscaster informing you of the passing of Princess Leia after a long battle with her head." (*Simon & Schuster, 2011*)

**Wishful Drinking** - "... here's why you cannot wear your brassiere, per George [Lucas]. So, what happens is you go to space and you become weightless. So far so good, right? But then your body expands??? But your bra doesn't—so you get strangled by your own bra ... I tell my younger friends that no matter how I go, I want it reported that I drowned in moonlight, strangled by my own bra." (*Simon & Schuster, 2008*)

**The Best Awful There Is** - Asked during a CBS News interview the meaning of the book's title *The Best Awful There Is* (the sequel to *Postcards From The Edge*), Fisher explained: "When you're manic, in manic depression, it's fantastic. It's the best feeling you can get. It's liquid confidence. And it gets better and better, and better, and better, until it gets so good that it's just awful." (*Simon & Schuster, 2004*)

**Delusions of Grandma** - "I promise to point things out to you, both practical and poisonous, helpful and hilarious. I know the best rides at Knott's Berry Farm and the words of several songs that you might find yourself singing enroute from crawling to staggering to standing to borrowing the car. In fact, I can't imagine I'll be much of a mother to you before you begin labeling everything with language." (*Simon & Schuster, 1993*)

**Surrender The Pink** - "Sometimes she'd just walk around the city alone. Watch the people, smell the food, the bus exhaust, the smoke coming up through the grating. She'd feel protected somehow, found a sense of belonging in the hectic sprawl. And the next minute she'd feel like the one who couldn't break the code, hit the right stride, catch the wave. ... She'd feel so silent on the inside, her head as quiet as a stretch of sand, a cathedral silently worshipping the life that was all around her ..." (*Simon & Schuster, 1990*)

**Postcards From The Edge** - Semi-autobiographical best-selling novel that was made into a movie (Fisher wrote the screen play) starring Meryl Streep and Shirley MacLaine. "She wanted so to be tranquil, to be someone who took walks in the late-afternoon sun, listening to the birds and crickets and feeling the whole world breathe. Instead, she lived in her head like a madwoman locked in a tower, hearing the wind howling through her hair and waiting for someone to come and rescue her from feeling things so deeply that her bones burned." (*Simon & Schuster, 1987*)

## Help for Cutting and Other Self-Injury

When kids intentionally hurt themselves, often by cutting or scratching their skin, as a way to manage difficult emotions

Rachel Ehmke, Child Mind Institute

There are few things more disturbing for moms and dads than finding out that your child is intentionally hurting herself. Unfortunately, it's very common, especially among girls. Experts call it "self-injury," and as many as a quarter of all teenagers do it.

The most common form of self-injury is cutting or scratching the skin with anything that can draw blood, such as razors or even paperclips and pen caps, but people also self-injure by burning themselves, picking at skin and wounds, or hitting themselves. They often start around puberty.

When a girl develops a habit of cutting her arms it might look like suicidal behavior, but it actually isn't. People who self-injure aren't trying to kill themselves, they are trying to alleviate some emotional distress they are feeling. However, the behavior indicates a depth of psychic pain that could lead to a suicide attempt. The behavior is also inherently dangerous because people who self-injure may hurt themselves more seriously than intended or develop infections or other medical complications.

### Understanding the drive

It's hard to understand why anyone would want to intentionally hurt herself, why people cut themselves or why that injury would come as a relief, as many self-injurers describe it. Some people report that it serves as a distraction from some other intense emotional pain, says Ron Steingard, MD, a psychiatrist at the Child Mind Institute.

Others self-harm because they feel deadened inside. "They've locked down so tightly because of whatever's going on in their lives that they feel they're incapable of feeling anything at all," says Dr. Steingard. "So they hurt themselves in order to feel something."

In some cases self-injury can also become a way of communicating. When a girl is found to be cutting, it's likely to elicit empathy and concern from parents and other adults. Next time she is feeling desperate, she might use self-mutilation as a way to communicate her feelings.

### A way to cope

But self-injury isn't always a form of communication. Some kids are very secretive about the habit, and are focused only on ameliorating their own pain, not sharing it. It's what clinicians call a maladaptive coping tool: Even though self-injury isn't the best way to manage a problem, it might bring temporary relief.

Unfortunately that relief makes self-injurious behavior very reinforcing, so kids come to rely upon it as a way to deal with their painful feelings. And the longer they practice self-injury the more reinforcing it becomes.

### Red flags for cutting

If you suspect that your daughter may be hurting herself but you're not sure, look for these signs:

- Talking about self-injury
- Suspicious-looking scars
- Wounds that don't heal or get worse
- Cuts on the same place
- Increased isolation
- Collecting sharp tools such as shards of glass, safety pins, nail scissors, etc.
- Wearing long-sleeved shirts in warm weather
- Avoiding social activities
- Wearing a lot of band aids
- Refusing to go into the locker room or change clothes in school

## Triggers

The impulse a teenager feels to harm herself is almost always triggered by a specific event in her life. The most common “trigger” for cutting is feeling rejected: by a boyfriend, her close friends, or by a general feeling of being left out or criticized.

### We Need Equal Treatment

Cynthia Hammer, MSW



I have a mental illness. Why do I find it so hard to tell you this? Why is my throat constricted, my palms sweaty, and my fingers trembling as I write this?

I don't have trouble telling you my eyes are not perfect and that I need to wear contact lenses.

I don't have difficulty telling you I have arthritis in my left knee that sometimes limits my physical activities.

Why should I mind telling you that I have something wrong with my brain and how well it works? It is because of the shame and stigma associated with mental illness.

Why should this be so? Mental illness is common, very common. One out of two people will have a mental illness during their lifetime.

- Most people think mental illness means someone hallucinates and is not in touch with reality, but mental illness is much broader than that.
- It includes a range of illnesses from attention deficit disorder to severe depression and anxiety disorders.
- Many people with mental illnesses are highly successful and make significant contributions to society. Here are the names of a few: Mike Douglas, Walter Cronkite, Ted Turner and Robin Williams.

People with mental illness are shamed and stigmatized. Why? Scientists have learned more about the brain – this is what they have learned.

- Bad parenting does not cause mental illness
- It is not caused by moral failure
- Someone is not being punished with mental illness for being bad or evil.
- A person does not choose to be mentally ill because he or she lacks character or moral fiber although there continues to be the belief that a mental ill person could be different if he/she chose to and really tried.
- Mental illness is not a choice.
- People do not choose to be mentally ill.
- It results from something going wrong with the brain.

There are other illnesses that result from things going wrong in the brain, such as Parkinson's disease or Alzheimer's disease, but these illnesses have no shame and stigma associated with them.

People with these brain illnesses get good medical care, along with society's compassion and understanding.

Mental illnesses are devastating. A recent study by the World Health Organization, in listing the ten most debilitating illnesses, included four mental illnesses. Yet mental illnesses can be successfully treated. Over 80% of people with bipolar disorder recover with proper treatment. Over 80% of the people treated for severe depression recover. In fact, rates for recovery from mental illnesses surpass the recovery or cure rates for many other physical illnesses.

Early intervention in diagnosis and treatment mental illnesses is key.

Mental illnesses, when untreated, usually worsen over time.

With each manic episode, the likelihood of the episode being more severe, more protracted and more likely to recur increases.

Severe depression, left untreated, worsens, often ending in suicide. Years ago we had little knowledge about the brain and how it functions. Prior to the past thirty years, physicians had few or no medicines to help control the symptoms of mental illness and no verifiable way to diagnose a particular mental illness. They usually employed a quiet environment and talk therapies to “heal” the person with an ill brain. Today, that is no longer the case.

We have a number of medicines that adequately control the symptoms of a whole range of mental illnesses, with more and better medicines being developed all the time. We have MRI scans that demonstrate when something in the brain is not functioning correctly or is not anatomically normal.

With mental illness, a person begins behaving differently. The change in behavior is caused by something wrong or functioning wrong in the person's brain. Mental illnesses have physical causes. Mental illnesses are physical illnesses. The only difference is that the physical illness is in the brain, instead of some other part of the body.

Yet private medical insurance plans discriminate in the kind of medical coverage they provide for these illnesses of the brain, despite mental health parity.

If I have something the matter with any other part of my body, from a wart to a cancer, I can see my physician as often as I want. Many families, even with insurance, go into debt or bankruptcy following an episode of mental illness. I thought this is what insurance is supposed to prevent.

Mental health insurance parity is an issue of fairness and justice. Why should you receive care for your injured arm or sore little finger, while I can't receive equally good care for my brain? Someday, something could malfunction in your brain, or your daughter's brain, or your best friend's brain. Mental illness can occur in anyone, at any time, and it requires adequate and appropriate care.

We need equal treatment. We need mental health insurance parity enforced.

### How to Recognize and Address the Signs of Depression in Your Aging Parent

Mental Health America - Nancy Kupka PhD, RN

You hear a lot of buzz in the news about depression among adolescents and new mothers, but you don't hear much about depression among older individuals. After all, as they grow older, people develop new health problems, become less physically active and more socially isolated, so it's normal to get a little depressed — right? Actually, no, that's not right.

Depression is a common problem among older adults, but it's not a normal part of aging. Rather, it's a serious medical condition that



requires attention and if deemed appropriate, professional help. You can help your aging parent recognize the signs of depression and get help.

### Symptoms of Depression in Older People

Almost 5 percent of Americans over the age of 50 experience at least one major depressive episode per year, similar to the rate among younger Americans. But these signs may be different in older adults than in young people. For some older adults, the symptoms of depression may be subtler than just feelings of sadness. Even health care providers can miss symptoms of



depression in their older patients, as shown by the small number of referrals from primary care providers to geriatric care and mental health care providers.

This list, adapted from the National Institute of Mental Health and the National Institute on Aging, identifies some of the

warning signs associated with depression among older individuals:

- Noticeable changes in mood; feeling distant from others, flat, empty or anxious
- Changes in energy level; feeling tired all the time but having trouble sleeping, or sleeping too much
- Difficulty carrying out daily activities for weeks at a time
- Trouble concentrating; feeling restless or on edge
- Irritability, anger or lashing out at others
- Increased worry or stress or obsessing about minor problems or events
- Heavy use of alcohol or drugs
- Loss of interest in once pleasurable hobbies and activities, including sex
- Sadness, hopelessness, crying, or having suicidal thoughts

A quick, easy and confidential way to determine if one may be experiencing depression is to take a mental health screening. A screening is not a diagnosis, but a way of understanding if one's symptoms are having enough of an impact that one should seek help from a doctor or other professional.

If your aging parent doesn't have internet access, they can ask their primary care doctor to do a screening at their next visit.

### Getting help

If you or someone you know is experiencing symptoms of depression, it is important to seek professional help before these symptoms reach a point of crisis. Depression is a serious condition, and someone struggling cannot just "snap out of it."

Don't drag your feet about asking for help and seeking the most appropriate treatment, either. There are a range of options available to help address symptoms of depression including; talk-therapy, connecting with peers through support groups, medication, and alternative therapies. It is important to know that depression can lead to suicide, especially when it's left untreated. But take heart in knowing that most older adults with depression respond well to treatment.

The first step in getting help for depression is to talk to your parent. People with depression may not even realize that they're struggling, so express why you're concerned in a caring, supportive way. Be sure to explain that depression is a medical condition and not something to feel ashamed of. Then suggest that your parent see a primary care provider or a provider who specializes in depression among older individuals. The important thing is to have someone knowledgeable diagnose and address the needs of your aging parent.

You can continue to support your parent after a diagnosis. Offer to go to appointments, therapy sessions, or drive them to support group meetings, help make a list of questions to ask the doctor and make sure to get the answers, and pick up prescriptions (if medication has been prescribed). Check in often to see how your parent is feeling. Keep in mind that being homebound can increase the feelings of isolation and worsen the symptoms of depression. If your aging parent has mobility difficulties, look into assistive devices to help facilitate getting out of the house and engaging in social interaction.

With the proper attention and support, your parent can age without falling victim to depression.

### This Former NFL Quarterback is Tackling Mental Health Off the Field

*Mental Health First Aid*

You may think jumping out of a car traveling 75 miles-per-hour would be a good reason for someone to seek mental health help. It wasn't for Eric Hipple, former Detroit Lions quarterback. Prior to that uncompleted suicide attempt, his mental health hadn't ever crossed his mind. Now, 20 years later, he's working to break the stigma that keeps men from getting the treatment they need ("[Ex-Lions QB helps men tackle mental health stigma](#)," *The Detroit News*, Jan. 1, 2018).

Following his release from the Lions in 1989, Hipple felt



increasingly blue. He ultimately got divorced, remarried and started a business, but soon faced an existential crisis. He lost all motivation. That's when he flung open the door of his car and jumped. Still, he refused to see a psychiatrist. He didn't want to appear weak.

"Ain't no freakin' way, I'm fine, this is over now, I'm good to go," Hipple reported to be thinking at the time. "It's part of the man

thing, but it's also part of the stigma of mental health."

Only after his 15-year-old son, Jeff, completed suicide did Hipple decide taking his own life was no longer an option. Instead, he coped with alcohol and risk-taking behaviors, eventually landing himself in jail for a short stint. It was from that time that he realized he would rather pour his energy into something positive.

Hipple started seeing a psychiatrist at the University of Michigan Depression Center and dove into learning all that he could about mental health and suicide prevention. For nearly two decades now, he's been a mental health advocate and played a large role in shaping male-oriented messages for [Healthy Men Michigan](#), a research project focused on breaking thought patterns that keep men from seeking mental health services. The star resource of the project is a [three-minute mental health screening](#) available to anyone who visits the website.

"This [online approach] is a real potential for getting health information out to men who aren't connected at all to traditional health and mental health resources," said Jodi Frey, principal investigator for the Healthy Men Michigan project and associate professor at the University of Maryland Baltimore School of Social Work. "We're finding that men through all of their years are coming to the site."

Despite men being more than four times as likely to die by suicide than women in the U.S., they are less likely to seek help for their depression, substance use and stressful life events. These conditions also often go undiagnosed from the get-go because of a reluctance to talk, a downplay of symptoms and social and gender norms.

With the right knowledge and training, you can [#BeTheDifference](#) in the life of someone contemplating suicide. Knowing how to notice the signs of depression and other common mental health challenges – and how to start a conversation about them – can help more men get the support they may need.

### LGBQ Youth Face High Risk of Suicide

Mental Health First Aid

LGBQ adolescents are far more likely to plan or attempt suicide than their heterosexual counterparts, according to 2015 survey from the Centers for Disease Control and Prevention (CDC). A national sample of almost 16,000 high school students aged 14 to 18 show that a shocking 40 percent of those who identify as either lesbian, gay, bisexual or questioning said they seriously considered suicide within the past year ("[LGBQ Teens Face Serious Suicide Risk, Research Finds](#)," CNN, December 19).

The [2015 National Youth Risk Behavior Survey](#) documented sexual minorities who had planned to complete suicide at 34.9 percent and those who had attempted suicide the previous year at 24.9 percent. In contrast, 11.9 percent of heterosexual teens admitted to planning suicide, 6.3 percent said they had attempted suicide and 14.8 percent had seriously considered suicide as an option.

The study is a step in the right direction and is one of the first to show how LGBQ teens' experience with suicide differs from other youth populations. John W. Ayers, computational epidemiologist and adjunct associate professor at San Diego State University, said, "We want this to be a wake-up call and a call to action, so that this will become a part of the national agenda to address this very real public health crisis." He hopes that this research will spur lawmakers into action.

Why are LGBQ youths at higher risk of suicide? Many are subject to harmful, negative environments where they don't receive the support that's fundamental to their mental well-being. The sense of security and safety has never been there, leaving these teens without adequate coping skills. That reason alone coupled with lack of adequate physical or mental health care makes it difficult for many sexual minorities to maintain good mental and physical health.

Suicide rates are increasing for these adolescents, but there is hope. Supportive, assistive programs like gay-straight alliances and positive policies denouncing homophobia pave the way for change. Organizations with missions to end hatred and bullying like the [Tyler Clementi Foundation](#) and groups like the [Trevor Project](#), which offers 24/7 crisis support lines for LGBTQ people in need of support, lend a helping hand in reducing rates of suicide.

Beyond the organizations working to help these at-risk groups, each individual can do something to support a person in their life who may be struggling.

### Fast Facts on Eating Disorders

At least 30 million people of all ages and genders will experience an eating disorder in the U.S.

Eating disorders have the highest mortality rate of any mental illness.

1 in 5 anorexia deaths is by suicide.

Severe weight loss can cause hair and nails to grow brittle and skin to dry out, become yellow and develop a covering of soft hair. It can slow growth and delay puberty. There can be muscle and cartilage deterioration, loss of bone density that may lead to osteoporosis and fractures, irregular or slow heartbeat, anemia, swollen joints, lightheadedness and fainting.

Eating disorders are 2 to 3 times more common in females than in males. The median age of onset for eating disorders ranges from 18 to 20 (50% have onset before these ages). A high proportion of

### Homelessness Increases among Individuals with Serious Mental Illness

Treatment Advocacy Center



The number of people experiencing homelessness has increased for the first time in seven years, according to the Annual Homeless Assessment Report delivered to

Congress in December of 2017.

An estimated 553,742 people were experiencing homelessness on a single night in 2017, according to the report, the first time since 2010 in which there was an increase from the year prior.

With conservative estimates of 25% of the homeless population having serious mental illness, this means that more than 138,435 individuals with serious mental illness were experiencing homelessness on a single night in 2017.

However, as one digs deeper into the report, the scarier the picture it paints becomes.

The increase in homelessness was driven by the large increases in the number of individuals who were unsheltered and homeless in the 50 largest cities in the United States, with largest increases in Los Angeles and Fresno, California, and New York City.

The prevalence of serious mental illness among unsheltered individuals is much higher than in the general homeless population, *which includes youth and homeless families*. In addition, widely reported are the significant increases of serious mental illness among homeless individuals in metropolitan areas in California.

The Annual Homeless Report to Congress also states that in the past year there has been an even larger increase in the number of chronically homeless individuals. The chronically homeless, *someone who has been continuously homeless for a year or more*, made up almost 25% of the total homeless population in 2017, a 12% increase from the previous year. Almost seven in ten of these individuals were unsheltered.

The prevalence of severe mental illness among an individual experiencing chronic homelessness is even higher, with estimates ranging from 33% to more than 50% in some areas. The horrible living conditions and lack of treatment of individuals with serious mental illness who are chronically homeless contributes to the gruesome 25-year lower life expectancy statistics among individuals who have a severe psychiatric disease.

There are tools available to reduce homelessness among individuals with severe mental illness. **New data** out of New York State shows that individuals with serious mental illness participating in assisted outpatient treatment (AOT) in New York City had a 62% reduction in homelessness. In more rural regions of Central NY, individuals on AOT had an 83% reduction in homelessness.

To learn more about serious mental illness and homelessness, check out our [background paper](#). <http://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3629-serious-mental-illness-and-homelessness>

people with eating disorders also have another mental disorder, particularly anxiety, mood or substance use disorders.



## Harm to Brain Cell Structure Remains Long After Child Abuse, Study Finds

Brain and Behavior Research Foundation



Child abuse can leave lasting marks on the brain at the cellular level, according to new research reported December 1st in the *American Journal of Psychiatry*. In an analysis of brain samples from adults who died by suicide

and had a history of child abuse, researchers have uncovered cellular abnormalities in a key emotion-processing region of the brain that likely impair neurons' ability to communicate with distant brain regions.

The impact of these changes on brain connectivity could explain why people who suffered abuse as children remain vulnerable to depression and other stress-related psychiatric conditions later in life. The findings underline the importance of identifying and addressing abuse early in a victim's life, whenever possible.

Earlier studies using MRI scans have found evidence of structural differences in the brains of people with a history of child abuse or other forms of early-life trauma. In the new study, researchers took a closer look at these differences by examining tissue samples from the Douglas-Bell Canada Brain Bank.

The 27 child abuse victims included in the study had all suffered severe physical or sexual abuse before the age of 15. All died by suicide. As controls, the team also examined postmortem brain tissue from 25 people who suffered from major depression and died by suicide but had no history of child abuse, as well as 26 psychiatrically healthy individuals with no history of child abuse.

The team's analysis focused on the anterior cingulate cortex, a brain region involved in regulating mood and emotions. Using a combination of molecular and sophisticated microscopy techniques, the team determined that cells from people who had suffered abuse as children were less insulated by the protective outer coating that surrounds the branching connections between neurons. This structure, known as a myelin sheath, develops during childhood and is important for preserving electrical signals that must travel long distances across the brain. Myelin is what gives the brain's white matter its color.

Dr. Turecki and his colleagues also conducted molecular analyses of cells from the anterior cingulate cortex and found evidence of epigenetic reprogramming—changes to the chemical marks that influence the activity of specific genes—among the samples from people who suffered abuse as children. The changes they identified included many that would impact myelin development.

To learn more about the effects of adverse childhood experiences – ACES – go to [www.iowaaces360.org/](http://www.iowaaces360.org/)

### Depression & the Power of Pets

Esperanza

Pets can be feel-good factors, since companion animals offset stress, fend off loneliness, help us socialize and much more.

When Barbara D. is so down she can't get out of bed, her 14-year-old Himalayan cat, Elmo, literally gets in her face.

"He will walk up, in a very pushy way you can't ignore," says Barbara, 54. "He'll stick his face right into my face like, 'Here I am—don't forget about me. I need you.' It pulls me out of my depressed thinking."

What's most amazing about Elmo's behavior is that the feline is usually aloof. He only gets physical when his owner becomes

immobilized by the depression she has experienced for more than 30 years.

Barbara also shares her apartment in Grand Rapids, North Dakota, with Phoebe, a joyful Yorkshire terrier. The little dog jumps on her lap to be petted, then licks her face, hands and arms. Since bringing Phoebe home two years ago, Barbara has reduced her psychotherapy appointments from weekly to monthly. She credits "the emotional support—the love and affection" Phoebe gives her.

"It cuts down on some of the loneliness," Barbara explains.



According to the Centers for Disease Control and Prevention, the company of a pet can help people who are living with depression. Maybe it's because cats, dogs and other companion creatures offer unlimited

affection and nonjudgmental companionship. They lift our spirits and lower our stress. They counteract symptoms such as isolation, rumination and lethargy.

"All people report feeling less lonely in the presence of animals—even birds," says Alan Beck, director of the Center for the Human-Animal Bond at Purdue University in West Lafayette, Indiana. "Animals are good for everyone, but particularly for anxious and depressed people."

For one thing, pets keep us anchored in the present and distract us from negative or anxious thoughts, says Beck.

"If you can focus on the present in positive ways, it makes you less anxious," he says. "Much anxiety and depression comes from the thoughts of past or future that you are worried about."

For another thing, caring for another creature bolsters self-esteem and provides purpose and a sense of being needed. Bonnie R., 36, of Randolph, New Jersey, has recurring anxiety, depression and post-traumatic stress disorder. No matter how bad she may be feeling, she pulls through for her little cockatiel, Patches, who has chronic liver disease.

**Companion animals not only boost self-esteem, but also provide empathy, initiate social encounters and serve as substitute or additional family members.**

"Even if I don't feel well, I have to get up to feed him and give him his meds twice a day," she reports.

In fact, "building self-empowerment" is one of four ways pets assist in recovery from serious mental illness, according to a 2009 study published in the *American Journal of Orthopsychiatry*.



Jennifer P. Wisdom, PhD, an associate professor of clinical psychology at Columbia University Medical Center and a research scientist at the New York State Psychiatric Institute, and her colleagues surveyed 177 individuals with mental illness to determine what factors affect the recovery process. For pet owners, the researchers concluded,

companion animals not only boost self-esteem, but also provide empathy, initiate social encounters and serve as substitute or additional family members.

Scientists are still trying to figure out why animals affect us so powerfully. It may be that communing with a pet exercises our emotional muscles, so to speak.

"Our relationship with animals brings intrinsic rewards, separate from those we have with people," says Leslie Irvine, PhD,

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associate professor of sociology at the University of Colorado at Boulder and author of *If You Tame Me: Understanding Our Connection with Animals* (Temple University Press, 2004). "They stretch our emotional capacities. We can't tell animals we love them, so we have to communicate through touch, eye contact, and other nonverbal [means]."

Many pet owners speak of the unconditional love their pets shower so generously upon them—the cat purring by your computer, the dog that enthusiastically bounds to meet you at the door even if you're returning from a five-minute errand.

"They are not going to say your hair isn't pretty enough, or your clothes aren't nice enough," notes Barbara D.. For people who tend to self-isolate, have **social anxiety**, or are simply shy, having a pooch along can be an ice breaker. In a 2000 study conducted by researchers at the University of Warwick in Coventry, England, 65 strangers stopped to speak with a man or woman out walking a dog, while only three people stopped to talk to that same person walking alone.



"If you are out walking your dog, you are considered more approachable," explains Irvine, who lives with two cats and a dog.

She sees a similar effect even through images decorating her clothes: "Whenever I wear cat socks or T-shirts or earrings, it always starts up conversations."

Barbara says she now knows many of her neighbors thanks to Phoebe the flirt—including some who assumed she'd just moved in.

"When Phoebe meets a neighbor, her little tail starts wagging. She starts acting like they are her favorite person in the world," Barbara explains. "If it weren't for her, I wouldn't know anyone in the building."

#### ***Pets keep us anchored in the present and distract us from negative or anxious thoughts***

Having to walk the dog also guarantees that you'll get out for daily exercise, no matter what your mood. Studies show that dog owners do walk more frequently. The benefits of regular exercise are well-documented, including cardiovascular fitness, mental alertness, weight control and improved sleep quality. And walking at a brisk pace will release endorphins, which can leave you feeling happier and more relaxed, according to the Mayo Clinic.

Apart from the exercise factor, there is growing evidence that people who live with animals have lower blood pressure and heart rates and decreased levels of cortisol—known as the "stress hormone."

"Just petting a dog, or even looking at fish, gives you a relaxation response," explains Alan Beck.

Bonnie R. says Patches, her cockatiel, somehow knows when she's upset and will fly across the room, sit alongside her and begin chirping.

"He'll cock his head down so I can rub his head," Bonnie says, "which calms both of us."

Stroking and touching an animal has "a calming effect," agrees Irvine, adding, "We don't know exactly how this works."

Cheryl Krause-Parello's research supports the theory that being around animals combats stress and reduces anxiety by lowering our cortisol.

"When you're anxious, your cortisol level kicks in," explains Krause-Parello, RN, an associate professor and director of the Center for Nursing Research at Kean University in Union, New Jersey—and the owner of two dachshunds.

In one recent study, she compared pet owners with individuals who did not own pets. Each group spent 20 minutes with Autumn, a trained therapy dog. The pet owners had lower levels of cortisol overall, but members of the other group experienced a significant drop in cortisol levels after their visit with Autumn.

Joseph Lancia, an assistant professor of psychiatry at the University of Rochester Medical Center, has his own theory for why being around animals helps us feel better. When we bond with another creature, he says, "it connects us to nature in a deeper sense, which so many people find healing. The more we move away from nature, the more we feel distressed."

Lancia raises Arabian horses and practices equine-assisted therapy at his farm in Hilton, New York. There's no riding involved; instead, Lancia assigns patients an exercise, such as getting a horse to jump over an obstacle or stand still on a tarp, then observes the interaction to gain insights that will be useful in his therapy sessions.

"Is the person focusing on the task, or on how the horse is feeling, or is there some balance between the two?" he says. "Just stepping into a pasture with a 1,200-pound animal is a metaphor for overcoming the fears in your life."

***When clients are having difficulty speaking about a traumatic experience or emotion, Maggie will come over... and nuzzle them....[She] has the ability to be connected in ways I don't understand.***

The literature on animal-assisted therapy dates back to 1962, with researchers concluding that having a dog, cat, rabbit or horse present during counseling helps engage the client, reduce anxiety and create a sense of safety that is vital to the emotional work of therapy. The practice has gained wide acceptance; for example, the counseling center at Utah State University has been using dogs in individual and group therapy sessions since 1997.

Maggie, a mixed-breed dog owned by Jason E. Mihalko, PhD, seems to make the Boston psychologist's clients feel welcome, safe and understood.

"She goes out and wags her tail," he says. "Then, she'll poke them in the back of the knee with her cold nose and herd them into the office. It's a nice way to say hello to someone."

During therapy sessions, Maggie provides comic relief by licking clients, bringing them toys or stealing choice items from a purse.

"I had someone tell me, 'I picked you because I wanted to have a dog to pet when I'm scared.' Sometimes I wonder if people come to see me or Maggie," he jokes.

More importantly, the dog somehow detects when a client is becoming upset—before either human realizes it.

"When clients are having difficulty speaking about a traumatic experience or emotion, Maggie will come over, place her paws on the person's shoulder and nuzzle them," says Mihalko. The psychologist has learned to take that as his cue to ask, "Are you feeling sad about something and don't know how to say it?"

"Without fail, clients have started to cry and disclose something important," says Mihalko. "Maggie has the ability to be connected in ways I don't understand."

***Just petting a dog, or even looking at a fish, gives you a relaxation response.***

Numerous small-scale studies suggest that even brief visits with a pet improve psychological well-being for residents of nursing homes, hospitals and jails.

The residents at Levindale Hebrew Geriatric Center and Hospital in Baltimore include fish, cats and birds. Several dogs drop by during the week to spend time with the human residents—including a soulful-eyed dachshund named Brutus. "If we have a patient who is

very anxious and won't cooperate with therapy, we take Brutus as an incentive," says his owner, Beverly Carbonilla, a registered nurse. "When someone is upset, he can sit on their lap and their blood pressure comes down."

Michael K. of Toronto sometimes brings his lovebird, Baby, along to his part-time job providing peer support at a residence for people with mental health issues.

"Baby is great at breaking the ice," says Michael, who has major depression, generalized anxiety disorder and post-traumatic stress disorder. "They all come out to hold and pet her."

On his own account, having Baby means he no longer comes home to an empty apartment.

"I [used to] feel very isolated—in my own little world. She makes me feel less alone," says Michael, adding that his depression has eased since Baby moved in a few months ago. "As soon as I come home, she gets excited, moving from side to side. She flies to my finger or shoulder."

The little bird sits on Michael's shoulder when he watches his favorite TV programs. When he's at the computer, she's there pecking at the keys. And she makes him laugh by hanging upside down on her perch or sitting on his big toe as he lies in bed.

"She'll dive inside my shirt sometimes," he says. "I think she thinks she's a person."



### 10 Years Later, Gaps Remain in Mental Health Parity

Treatment Advocacy Center

Ten years after the passage of the *Mental Health Parity and Addiction Equity Act of 2008*, the promise of parity has not been realized, and large gaps still exist between mental health and general medical care, according to a pioneering report commissioned by the Bowman Family Foundation and published by Milliman Inc.

*Individuals are paying much higher out-of-pocket costs for mental health care than other medical conditions - Millman Inc.*

In particular, the report found that out-of-network service use is significantly higher for mental health care than general medical care, forcing individuals to pay much higher out-of-pocket costs for mental health care than other medical conditions. The survey also found that psychiatrists are paid considerably lower than medical and surgical physicians for the same or similar services, meaning no incentives exist for psychiatrists to participate in insurance networks. In fact, participation would result in large, likely unsustainable financial losses.

The Milliman report uses data from two large databases to evaluate commercial insurance claims covering more than 42 million individuals in all 50 states and the District of Columbia from 2013-2015. The report examines the proportion of mental health and physical health services received from out-of-network providers instead of those who agree to payments at a discounted rate within an individual's insurance network. They also analyzed the amount of money paid to providers by insurance agencies for a particular treatment for a comparison of mental health and general medical physician reimbursement rates.

#### Findings from the Study

The survey found large differences between mental health and general medical care.

Inpatient services received out-of-network were 4.2 times higher in mental health care compared to general medical care. For

example, an individual looking for inpatient psychiatric treatment is more than four times more likely to receive care from an out-of-network provider and thus incur anywhere from 40-100% of that treatment's costs.

Outpatient facility services received out-of-network were 5.8 times higher in mental health care than in general medicine. This means an individual in psychiatric crisis looking for crisis emergency services or partial-hospitalization is almost six times more likely to receive such care out-of-network and be charged accordingly.

As [National Public Radio](#) reported, "The high proportion of out-of-network behavioral care means patients with mental health or substance abuse problems were far more likely to face the high out-of-pocket costs that can make treatment unaffordable, even for those with insurance." This may mean patients delay seeking needed treatment, potentially never accessing mental health care at all because of the high costs.

The gap between reimbursement rates for providers was even more disparate. Primary care providers were paid 22% more for office visits than mental health care providers, while medical specialty care providers were paid 19% more.

"Together, the findings paint a stark picture of restricted access to affordable and much-needed treatment for mental illness and substance use disorders," writes Mark Moran for [Psychiatric News](#).

Individual states varied widely in both metrics. Nine states, including Massachusetts, Minnesota and New Hampshire, had payments more than 50% higher for primary care providers compared to mental health physicians. Connecticut, Washington and Wisconsin had out-of-network service use almost 10 times higher for that of mental health care than general medical treatments.

#### The way forward

Henry Harbin, MD, previously the director of a large behavioral health care organization and now a consultant on parity issues, says these results should serve as a wake-up call for all involved.

"We are failing miserably to ensure access to behavioral health treatment," Harbin says. "Insurance companies are making it extremely difficult to get access to in-network care. Imagine an insurance plan offering insurance in a state and saying that 30% of your cancer treatment on average is going to be out-of-network and out of your own pocket. They wouldn't be allowed to write insurance policies like that."

Sadly, this remains the situation with mental health care.

Harbin urges stronger enforcement of existing laws, including a call for federal regulators to immediately audit some of the top insurers.

Ten years after the passage of the *Mental Health Parity and Addiction Equity Act of 2008*, it is about time.

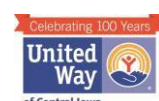
### 5 Supportive Things to Say to Support Someone Facing Mental Health Challenges

HealthyPlace.org

1. **I'm here to talk when you need someone to listen.** This opens the door without pressuring someone to share on the spot.
2. **We haven't had a chance to have fun together lately. Let's go \_\_\_\_.** This shows that you still enjoy being with the person.
3. **Maybe we can walk side by side through this.** You don't have to try to fix anything. Being there with someone is helpful in and of itself.
4. **You are important to a lot of people.** Gently reminding someone that he or she is a positive part of others' lives is powerful.
5. **I believe in you. I want to help you believe in yourself again, too.** This helps build someone up without minimizing what they're going through.

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#### CALENDAR OF EVENTS

**Wed., Mar 14 -NAMI GDM Board Meeting**

You are welcome to attend. Board meetings  
will be held every other month in 2018.

Location: 511 E. 6<sup>th</sup> St., Suite B, DM

4:30 to 6 PM

**Executive Director**- Michele Keenan

515-850-1467 – [director@namigdm.org](mailto:director@namigdm.org)

**Event Coordinator** – Ashley Adams

[events@namigdm.org](mailto:events@namigdm.org)

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